**EXHIBIT A** 

UNITED STATES BANKRUPTCY COURT	aim 1501	1—Filed 12/06/06	Page 1	of 2
DISTRICT OF NEVADA	PRO	1 Filed 12/06/06 DOF OF CLAIM	Ĭ	
Name of Debtor:	Case Nu	mber:		
usa Commercual Hortgage	06-	10725-LBR		
INUTE: See Reverse for List of Debtors and Case Numbers.		<b></b> 1		
This form should not be used to make a claim for an administrative arising after the commencement of the case. A "request" for payments the commencement of the case.		Check box if you are aware that anyone else has filed a proof of claim relating to		
administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor and Address:		your claim. Attach copy of		
PANAGIOTIS DOVANIDIS A DIMI	TRA	statement giving particulars  Check box if you have		
DOVANIPOU JTWROS	i	never received any notices from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
14 MIGINON STREET 11476	I	Check box if this address	ONE OF THE DE	
14 MILLIAON STROET GLY FADA ATHENS, 16674 GREECE		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number ( )0//- 302/0 - 9672	926	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identi		Check here replace	ces	
4041		if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree I	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation ( digits of your SS #:	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	formed from:	(date) (date)
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(Gate) (Gate)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxe				he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	حدثمام مريدي لاجاري		our claim is secu	red by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, exceeds the value of the property securing it, or if c) none or only par	t of your claim is	a right of setoff).		
entitled to priority.		Brief description of		
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority.		Value of Collateral		OOO, OO at time case filed included in
Amount entitled to priority \$		secured claim, if any:	S	at this case mad andidoo in
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)	)(B) [	Up to \$2,225° of deposits town	and nurchage least	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180	<u> </u>	services for personal, family, of	or household use -	1 U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable par		
Contributions to an employee benefit plan > 11 0.0.0. 9 00 (6)(0).		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/U ( a: noed on or after the	date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED: (unsecured)		000.00 \$	( priority)	\$ 39,000.00 (Total)
Check this box if claim includes interest or other charges in addition	7	•		of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been	n credited and	deducted for the purpose of n	naking this proof	of claim.
<ol> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting</u> running accounts, contracts, court judgments, mortgages, sec</li> </ol>	urity agreement	is, and evidence of perfection	oflien. DO NC	OICES, ITEMIZED STATEMENTS OF T SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If 8. DATE-STAMPED COPY: To receive an acknowledgment	of the filles of	o are voluminous, attach a su Jour claim, enclose a stamoe	e.r. d. self-addressec	denvelope and copy of this
proof of claim.				····
The original of this completed proof of claim form must be ACCEPTED) so that it is actually received on or before 5:0 for each person or entity (including individuals, partnersh	0 pm, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units).				
BY MAIL TO: BMC Group	BMC Gro	•		
Atta USACH Claims Deckering Center P.O. Box 911		ACIVI Claims (Dockering Carolist St Franklin Avenue		
El Segundo, CA 90245-09+1		do, 04 90245		
DATE SIGN and print the name and title, if any				
this claim (attach copy of power o	automey, if any)			

Case 06-10725-lbr Claim	1502-	1 Filed 12/06/06	Page 1	of 2
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM		
Name of Debtor:	Case Nu	mher		l
BY USA LOUMERCIAL MORTGAGE		ロクスケームBR		
COMPANY	06-1	0/25-2121-		
NOTE: See Reverse for List of Debtors and Case Numbers.		Check box if you are		
This form should not be used to make a claim for an administrative explarising after the commencement of the case. A "request" for payment		aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars		
PANAGIOTIS DOVANITIS & DILLITRA		Check box if you have		
TOVANIDOU		never received any notices from the bankruptcy court or	DO NOT FILE THI	S PROOF OF CLAIM FOR A
IN MINIMON ST		BMC Group in this case.	SECURED INTER	EST IN A BORROWER THAT IS NOT
14 MILLIMON ST. GLYFADA ATH BIVS, 16674		Check box if this address		ady filed a proof of claim with the
GREECE		differs from the address on the envelope sent to you by the	Bankruptcy Court	or BMC, you do not need to file again.
Creditor Telephone Number ( )0//-302(0-96229		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	deptor:	Check here replace	. a previousiy	filed claim dated:
4041		ir this claim amer	ds	
1. BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (	fill out below)	Other claims against servicer (not for loan balances)
1		digits of your SS #:	down	
Money loaned Other (describe briefly)	Unpaid o	ompensation for services pe	nomed from:	(date) (date)
2. DATE DERT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(/
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				ne time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	vous slaim	Check this box if y	our claim is secur	ed by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of y	our claim is	a right of setoff).		
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of		_
Check this box if you have an unsecured claim, all or part of which is		Real Estate		
entitled to priority.		Value of Collateral		0,000,00
Amount entitled to priority \$		Amount of arrearage a secured claim, if any:	nd other charges	at time case filed included in
Specify the priority of the claim:    Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2,225° of deposits tow		or regtal of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	<u> </u>	services for personal, family,	or household use -1	1 U.S.C. § 507(a)(7).
before filing of the bankruptoy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<u>ַ</u>	Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L.	Other - Specify applicable par *Amounts are subject to adju	ragraph of 11 U.S.C selment on AM/D7 at	. § 507(8) ( ). of every 3 years thereafter
		with respect to cases comme		gate or adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$	30,0	\$ (20,00)		\$ 50,000.00
AT TIME CASE FILED: (unsecured)	•	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to t				
6. CREDITS: The amount of all payments on this claim has been cre	dited and	deducted for the purpose of r	making this proof	of claim.
<ol> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security</li> </ol>	uments, s	uch as promissory notes, pur	chase orders, inv	oices, itemized statements of TISEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the	documents	are voluminous, attach a su	mmary.	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	ne filing of y	our claim, enclose a stampe	d, self-addressed	envelope and copy of this
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAXES I	TOV	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm	n, prevailii	ng Pacific time, on Novemb	er 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, governmental units).				
BY MAIL TO: BMC Group	BMC Gro	OR OVERNIGHT DELIVERY TO	<b>)</b> :	
Attn: USACini Claure Ottolering Lee in-	Attn USA	AČNA Claims i ocherung werk	7.9	
P () Bay 911 El Sagrindo JA 90245-0917		st Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title, if any, of t	he creditor o	r other person authorized to file		
this olating attach copy of power of afto	rney, if any)			
1//21/00 12) market (h				i

Clain	n 1503	4 Filad 12	in <del>a in</del> e	Page 1	of 9
UNITED STATES SANKRUPICY COURT DISTRICT OF NEVADA	PRO	OF OF CL	MIA	rager	01 2
Name of Debtor: USA COULT GAGE	Case Nu		20		
COUPANY	06-	10725-21	51		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exp		Check box if you aware that anyone ele			
arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	or an	filed a proof of claim of your claim. Attach of	relating to		
Name of Creditor and Address:  PANAGIOTIS JOVANITIS & DIMITRA		statement giving part  Check box if you			
TOVANI POY Truzos		never received any ne from the bankruptcy	otices		IS PROOF OF CLAIM FOR A
GLYFADA ATHENS, 16674		BMC Group in this ca Check box if this		SECURED INTER ONE OF THE DE	LEST IN A BORROWER THAT IS NOT ETORS.
GROSCE	_	differs from the addre envelope sent to you	es on the	Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again
Creditor Telephone Number ( )0//-302/0-9622 (Last four digits of account or other number by which creditor identifies		court.			E IS FOR COURT USE ONLY
404/	debior.	Check here [ if this claim	∏ repla □ amer	. a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree t	penefits as defined in	n 11 U.S	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries, and compe digits of your SS #:		fili out below)	Other claims against servicer (not for loan balances)
Money loaned		compensation for se		rformed from:	to
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT	DATE	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the	at best descr	ibe your claim and stat	e the amo	unt of the claim at t	he time case filed.
See reverse side for important explanations.  UNSECURED NONPRIORITY CLAIM \$		SECURED CL			
Check this box if: a) there is no collateral or lien securing your claim, or b exceeds the value of the property securing it, or if c) none or only part of y	) your claim	Check this		our claim is secu	red by collateral (including
entitled to priority.			-	collateral:	
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is		Real E	state [	Motor Vehick	
entitled to priority.		Value of 0			0,000.00
Amount entitled to priority \$  Specify the priority of the claim:				nd other charges	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		] Up to \$2,225* of de	posits tow	ard purchase, lease	e, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's	rs	Taxes or penalties	owed to go	vernmental units -	11 U.S.C. § 507(a)(7). 11 U.S.C. § 507(a)(8)
business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounte om euhi	ect to adiu	stment on 4/1/07 a	C. § 507(a) (). Indievery 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ \$	20.	with respect to case	s comme	nced on or after the	s 50 000 00
AT TIME CASE FILED: (unsecured)		200 - 00 \$	W-M-51 MIN	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim.	Attach its	mized statement o	of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been or	edited and	deducted for the pur	pose of r	making this proof	of claim.
<ol> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the</li> </ol>	agreemen	ts, and evidence of p	perfectio	n of lien. DO NC	OT SEND ORIGINAL
DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	he filing of	your claim, enclose	a stampe	d, self-addresse	d envelope and copy of this
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5:00 pr	m, prevaili	ng Pacific time, on	Novemb	er 13. 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, governmental units).					
BY MAIL TO: BMC Group	BMC Gro				
Attn: USACM Claims Docketing Center P. O. Boy 911 Fit Segments: Cta 90245-0913	1330 Eas	ACIM Claims Dichet st Franklin Avenus ido, CA 90245	ariga turchisti	,	
DATE / SIGN and print the name and title, if any, of	the creditor of	or other person authoriz	zed to file		1
11/21/06 this claim tettach copy of power of atto	omey, if any)	:			

UNITED STATES SANKRUP OF PORT CIAI	m 1 PRC	OF OF CLASIMO	Page 1 d	of 2	
Name of Debtor:	Case Number:				
USA COULDINIAL MORTY+45 COUPANY	06-1	10725-132			
NOTE: See Reverse for List of Debtors and Case Numbers.	AYDAD\$A	Check box if you are			
This form should not be used to make a claim for an administrative or arising after the commencement of the case. A "request" for payme administrative expense may be filed pursuant to 11 U.S.C. § 503.		aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Name of Craditor and Address:		statement giving particulars.			
PANAGIOTIS DOVANIDIS & DIMITRA		Check box if you have			
DOVANIDOY STWROS		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A	
I seed to the first		BMC Group in this case.	SECURED INTER	EST IN A BORROWER THAT IS NOT BTORS.	
GLY FADA ATTYBIVI, 166 14		Check box if this address differs from the address on the		eady filed a proof of claim with the or BMC, you do not need to file again.	
GROSTES Creditor Telephone Number ( 1011-30210-9622)	92/	envelope sent to you by the court.	1	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifi	es debtor:	Chack bara Trepla	ces	eric de la Caracidada de la Caracidada de la Caracidada de la Caracidada de la Caracida de la Ca	
4041		Check here or or if this claim amer	, a previously	filed claim dated:	
1. BASIS FOR CLAIM	Retiree	benefits as defined in 11 U.S.		Unremitted principal	
Goods sold Personal injury/wrongful death	_	salaries, and compensation (	-	Other claims against servicer (not for loan balances)	
Services performed Taxes	Last fou	r digits of your SS #:		(HOLIOI IOSH Dalarioes)	
Money loaned	Unpaid	compensation for services pe	rformed from:	(date) to (date)	
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(oate) (cate)	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes	that best descr	ribe your claim and state the amo	unt of the claim at t	he time case filed.	
See reverse side for important explanations.		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collateral or lien securing your claim, or	r b) your claim		our claim is secu	red by collateral (including	
exceeds the value of the property securing it, or if c) none or only part entitled to priority.	of your claim is	a right of setoff).  Brief description of	f collateral:		
UNSECURED PRIORITY CLAIM		Real Estate		Other	
Check this box if you have an unsecured claim, all or part of which is		Value of Collateral		0,000,00	
Amount entitled to priority \$	Citation to priority.				
Specify the priority of the claim.					
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days					
wages, saaries, or commissions (up to shock), search was a saaries, or commissions (up to shock) and the before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(6).  Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().					
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	* Amounte am subject to adi	istment on 4/1/07 a	nd every 3 years thereafter	
	. 20	with respect to cases comme	nced on or after the	\$ 30.00000	
5. TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED: (unsecured)	* 50,0	(secured)	( priority)	(Total)	
Check this box if claim includes interest or other charges in addition	to the princips		emized statement	of all interest or additional charges.	
6. CREDITS: The amount of all payments on this claim has been					
7. SUPPORTING DOCUMENTS: Attach copies of supporting gunning accounts, contracts, court judgments, mortgages, secu	documents, s	such as promissory notes, purits, and evidence of perfection	rchase orders, inv n of lien. DO NO	voices, itemized statements of	
DOCUMENTS. If the documents are not available, explain. If the DATE-STAMPED COPY: To receive an acknowledgment of proof of claim.	of the filing of	your claim, enclose a stampe	ed, self-addresse	d envelope and copy of this	
The original of this completed proof of claim form must be	sent by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5:00 for each person or entity (including individuals, partnership	) pm, prevaili	ing Pacific time, on Novem!	per 13, 2005	USE ONLY	
governmental units).  BY MAIL TO: BMC Group	BY HANG BMC Gr	O OR OVERNIGHT DELIVERY T	0:		
BMC Group. Attn: USACini Chairs Decketing Chaiter	Attn US	ACM Claims Jook sand Cont	73.4		
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue ndo, CA 90245			
DATE SIGN and print the name and title, if any,	of the creditor	or other person authorized to file		]	
11/81/06 this claim (attach copyed power of	attorney, it any	<i>)</i>   •			
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprise		o 5 years, or both. 18 U.S.C. 59	152 AND 3571	<u></u>	
. Animals in bronching importains finish in a title of the in manifold or subsidiar		-			

Case 06-10725-lbr Claim	1505	<ol> <li>Filed 12/06/06</li> </ol>	Page 1	of 2
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM	Ŭ	
Name of Debtor:	Case Nu	mher:		1
USA COMMERCIAL MORTGAGE	1	10725-LBR		
COMPANY	06-	10123-2012		i
NOTE: See Reverse for List of Debtors and Case Numbers.	A			
This form should not be used to make a claim for an administrative explanising after the commencement of the case. A "request" for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address: PANAGIOTIS DOVANIINS 9 0141724	1	statement giving particulars.		
DOVANI POU		Check box if you have		
JTWROS		never received any notices from the bankruptcy court or		S PROOF OF CLAIM FOR A
94 MININON ST. GAY FARA ATHERYS, 16674		BMC Group in this case.	SECURED INTER	EST IN A SORROWER THAT IS NOT ITORS.
		Check box if this address differs from the address on the		ady filed a proof of claim with the
GRUECE		envelope sent to you by the court.		or BMC, you do not need to file again.
Creditor Telephone Number ( ) 0//-30210 - 7622 Last four digits of account or other number by which creditor identifies	826	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last rour digits of account or other number by which creditor identifies of	debtor;	Check here replace or if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Betime I	penefits as defined in 11 U.S.		Unremitted principal
Goods sold Personal injury/wrongful death	-		•	Other claims against servicer
Services performed Taxes	, -	salaries, and compensation (l r digits of your SS #:	IIII GUL DEIOW)	(not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	rformed from:	to
19.0.				(date) (date)
2. DATE DEBT WAS INCURRED:		OURT JUDGMENT, DATE O		on time cross flext.
CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that     See revene side for important explanations.	t best descr		unt of the claim at u	e tille case nieu:
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our alaim la gacur	ed by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b)		a right of setoff).	Jul Claim is secui	ed by considering (mondaing
exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.	our claim is	Brief description of	collateral:	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral	s <u>50</u>	2,000.00
Amount entitled to priority \$		Amount of arrearage at secured claim, if any:		at time case filed included in
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2,225* of deposits town		or motal of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	. L	services for personal, family, or	or household use -1	1 U.S.C. § 50/(a)(/).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<u> </u>	Taxes or penalties owed to go Other - Specify applicable par		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts am subject to adju	stment on 4/1/07 an	d every 3 years thereafter
6. TOTAL AMOUNT OF CLAIM S S	30,0	with respect to cases commer	ICEU ON OF BIRE! (THE	\$ 50,000.00
AT TIME CASE FILED: (unsecured)		Secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	•	- · · · •	••	fall interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been ore				
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security	agreement	is, and evidence of perfection	of lien. DO NO	olces, itemized statements of T SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the	documents	i are voluminous, attach a su	mmary.	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	ne filing of y	our claim, enclose a stampe	a, sen-aaare55ec	envelope and copy of this
The original of this completed proof of claim form must be sen	nt by mail	or hand delivered (FAXES N	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships,	n, prevailii corporatio	ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006 nd	USE ONLY
governmental units).	•			
BY MAIL TO: BMC Group	BMC Gro	•		
Attn: USACid Claims Decketing Center Attn: USACid Claims Consequing Center 1330 East Franklin Avenue				
El Segundo, UA 90245-091; El Segundo, CA 90245				
DATE SIGN and print the name and title, if any, of the this claim (attach-exp) of power of attor	he creditor of mey, if any)	or other person authorized to file		
11/21/06	15			

UNITED STATES TO REVADA  DISTRICT OF NEVADA	PRE	OF OF CLAM	Page 1	of 2
	1		[	
Name of Debtor:	Case Nu	mber:	]	
USA COMMERCIAL MORTGAGE COMPANY	06-	10725-LBR	l	
COMPANY				
NOTE: See Reverse for List of Debtors and Case Numbers.  This form should not be used to make a claim for an administrative ex	nense	Check box if you are		
arising after the commencement of the case. A "request" for payment		aware that anyone else has filed a proof of claim relating to		
administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor and Address:		your claim Attach copy of statement giving particulars.		
PANAGIOTIS DOVANIDIS & DIMITRA		Check box if you have		
DOVANIDOL		never received any notices	20 1107 711 5 734	IP BROOF OF OI AW FOR A
JTWR65		from the bankruptcy court or BMC Group in this case.	SECURED INTER	IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
GLYFADA ATHENS 16674		Check box if this address differs from the address on the	ONE OF THE DE	eady filed a proof of claim with the
14 MIKINOIN ATT. 414 FADA ATTENS 16674 412 BBCE Creditor Telephone Number ( ) 011-30210-9622		envelope sent to you by the	Bankruptcy Court	or BMC, you do not need to file again.
Creditor Telephone Number ( ) 0/1-30ZIO:-96ZZ Last four digits of account or other number by which creditor identifies	1/26	court.	THIS SPAC	E IS FOR COURT USE ONLY
40 41	Gebtor.	Check here repla if this claim amer	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	<b>J</b> ~	salaries, and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #: compensation for services pe	aformed from	•
	Onpaid	ompensation for services pe		(date) (date)
2. DATE DEBT WAS INCURRED:		OURT JUDGMENT, DATE O		
<ol> <li>CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the See reverse side for important explanations.</li> </ol>	at best descri		unt of the claim at t	he time case filed.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our claim is secui	ed by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b exceeds the value of the property securing it, or if c) none or only part of y	) your claim your claim is	a right of setoff).	our clamit to come.	
entitled to priority.		Brief description of	f collateral:	_
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is		Real Estate		
entitled to priority.		Value of Collateral		000.00
Amount entitled to priority \$		Amount of arrearage a secured claim, if any:		at time case filed included in
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2,225° of deposits tow		
Wages, sataries, or commissions (up to \$10,000)*, earned within 180 day	rs ∟	services for personal, family,	or household use -1	1 U.S.C. § 50/(a)(/).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable par *Amounts are subject to adju	stment on 4/1/07 at	nd every 3 years thereafter
	- 2 2 2	with respect to cases comme	nced on or after the	date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED: (unsecured)	20,0	200-00 \$	( priority)	\$ 50,000,06
Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim. Attach ite	•••	, ,
6. CREDITS: The amount of all payments on this claim has been cre				
7. SUPPORTING DOCUMENTS: Attach copies of supporting doc	cuments. St	ch as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the	agreement documents	s, and evidence of perfection are voluminous, attach a su	n of fien. DO NO immary.	T SENDORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of to proof of claim.	he filing of y	your claim, enclose a stampe	d, self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5:00 pr	m, prevailit	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, governmental units).				
BMC Group	BMC Gro			,
Atter USACM Craims Diockering Gerael P.O. Box 911		ACM Claims proceding cost. it Franklin Avenue		
El Segundo, CA 90245 0914	El Segun	do, CA 90245		
DATE SIGN and print the name and title, if any, of this claim (attach person power of attach				
///5//////   \\\\\\\\\\\\\\\\\\\\\\\\\	1.7.			Ī

Cach DE 1070E III. Plaine	-1 <del>507</del>	1 Filad 19/08/08	Dana 1	of 4
UNITED STATES BANKRUPRO SOURT CIZITY DISTRICT OF NEVADA	PRO	OF OF CLAIM	Page 1	∪I <del>4</del>
Name of Debtor:	Case Nu	mher		
USA COMMERCIAL MORTGAGE CO				
<b>32</b> ,, (co.), (co.)	06-	10775-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers.				
This form should not be used to make a claim for an administrative explaining after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars		
PANAGIOTIS DOVANIOIS +		Check box if you have		
MIMITER DOVANIOOU TTROS		never received any notices	DO NOTEN E TH	4 DD005 OF C! AM FOR A
14 MIKINON ST.		from the bankruptcy court or BMC Group in this case.	SECURED INTER	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
GLY FADA ATHENS, 16675		Check box if this address	ONE OF THE DEL	
GREECE 20210-		differs from the address on the envelope sent to you by the	1 -	ady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number ( ) 011- 3 96225	126	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	lebtor:	Check here replac	ces	Slad alaka dakadi
4041		if this claim amen	, ,	filed claim dated:
1. BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (	fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS#:		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	formed from:	to
	- to to a		DTAINED.	(date) (date)
2. DATE DEBT WAS INCURRED: 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		ne time case filed.
See reverse side for important explanations.	Dear Great			
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our claim is secur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of yo		a right of setoff).	ya. olanii io oooai	
entitled to priority.		Brief description of	colleteral:	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority		Value of Collateral	s 30	000.00
Amount entitled to priority \$		Amount of arrearage as secured claim, if any:		at time case filed included in
Specify the priority of the claim:	_			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	L	Up to \$2,225° of deposits town services for personal, family, or	ard purchase, lease or household use -1	, or rental or property or 1 U.S.C. § 507(a)(7).
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable par		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 ar need on or after the	id every 3 years thereafter date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$	30,0	00.00 \$		\$ 30,000,00
AT TIME CASE FILED: (unsecured)		secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cred				
7. SUPPORTING DOCUMENTS: Attach copies of supporting docu	<i>iments</i> , si	ich as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the	agreement	s, and evidence of perfection	of lien. DO NO mmary	T SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the	e filing of v	our claim, enclose a stampe	d, self-addressed	envelope and copy of this
proof of claim.		,	•	
The original of this completed proof of claim form must be sent				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or				USE ONLY
governmental units).				
BY MAIL TO: BMC Group	BMC Gro			
Attn. USACwin, isoma Broketing Center P. O. Box 91:		ACM Clairns Dockeary Certic it Franklin Avenue		
El Segundo (74 90245 091)	P. O. Box 91 : 1330 East Franklin Avenue : El Segundo, CA 90245 0911 : El Segundo, CA 90245			
DATE   SIGN and print the name and title, if any, of the				
this claim (attach copy of power of attor	пеу, папу): 			

	-arm	A THE ANDROOM		210
UNITED STATES ASSAURATE AND LIGHT Claim DISTRICT OF NEVADA	PRC	OF CEANN	Page 1	01 2
Name of Debtor:	Case Nu	mher		
USA COMMERCIAL MONTGAGE CO				
0.27, 0.23, 1.03	06	-10725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers.				
This form should not be used to make a claim for an administrative experising after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars		
PANAGIOTY & DOUANIDIS & DIMITRA DOVANIDOU STORA	05	Check box if you have never received any notices		
IN MAINIAN CT		from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
GLY FAOA. ATHENS, 16675			ONE OF THE DE	
GREECE		Check box if this address differs from the address on the		eady filed a proof of claim with the
	11	envelope sent to you by the oourt.		or BMC, you do not need to file again.  E IS FOR COURT USE ONLY
Creditor Telephone Number ( ) 0//-302/0 -962 2		-	THIS SPAC	E IS FOR COURT USE CRET
Last four digits of account or other number by which creditor identifies d	ettor:	Check here replace or if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages.	salaries, and compensation (	fill out below)	Other claims against servicer
Services performed Taxes		digits of your 88#:		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	rformed from:	to
and the second s				(date) (date)
2. DATE DEBT WAS INCURRED:		OURT JUDGMENT, DATE O		
<ol> <li>CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations.</li> </ol>	best descr	ibe your claim and state the amo	unt of the claim at ti	he time case filed.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b)	your claim	_	our claim is secur	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of yo	ur claim is	a right of setoff).	N-AI	
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of		П
Check this box if you have an unsecured claim, all or part of which is		Real Estate		
entitled to priority.		Value of Collateral	: \$ <u>30</u> ,	000.00
Amount entitled to priority \$		Amount of arrearage as	nd other charges	at time case filed included in
Specify the priority of the claim:		secured claim, if any:		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits town services for personal, family, of	ard purchase, lease or household use -1	a, or rental of property or 1 U.S.C. \$ 507(a)(7).
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	٦	Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	7	Other - Specify applicable par		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adiu.	stment on 4/1/07 ar	nd every 3 years thereafter
TOTAL AMOUNT OF CLAIM	24 -	with respect to cases commer	rued on of eiter the	\$ 30,000.00
5. TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED:		00.00.\$	( priority)	(Total)
(unsecured)	•	secured)	( priority)	, ,
Check this box if claim includes interest or other charges in addition to the				
6. CREDITS: The amount of all payments on this claim has been cred	ited and d	deducted for the purpose of n	naking this proof	of claim.
7. SUPPORTING DOCUMENTS: Attach copies of supporting docu	iments, si	uch as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain.	igi <del>uu mant</del>	are voluminous, attach a su	mmary.	I ARITA ALIJANALIP
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	e filing of y	your claim, enclose a stampe	d, seif-addressed	i envelope and copy of this
The original of this completed proof of claim form must be sent	by mail	or hand delivered (FAXES N	TOI	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm	, prevailir	ng Pacific time, on Novemb	er 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, c governmental units).	orporatio	ons, joint ventures, trusts a	nu .	
BY MAIL TO: BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	<b>)</b> :	
Attn. USACIn Liamos Cocketing Contain	Attn USA	AČIVI Claims prograung caree	••	
P O Boy 911 El Segundo Co 90245 0911		st Franklin Avenua do, CA 90245		
DATE / SIGN and print the name and title, if any, of the		···		
this claim (attach copy of power of attorn	now if anyl	•		1

	UNITED STATE	Case 06-10725-lbr Clai	m-1509	1 Filed 12/06/0	6 Page 1	of 2
		IS BANKRUPTCY COURT	PRO	DOF OF CLAIM		
Nar	ne of Debtor:	Debtor: COMMERCIAL MORTGAGE Case Num		ımber:	1	
	ZA COMINI	Co	06-	10725-LBR		
		of Debtors and Case Numbers.		I	1	
		to make a claim for an administrative e ent of the case. A "request" for paymer		Check box if you are aware that anyone else has		
adm	nistrative expense may	be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of	•	
Nar	ne of Creditor and	Address:		statement giving particulars		
P	AUMOIONS	DOVANIDIS TOUR	105	Check box if you have		
ı	ILL MARCHALA	11 (7)		never received any notices from the bankruptcy court or		HIS PROOF OF CLAIM FOR A
l	CLUFIDA	ATHENS, 16675		BMC Group in this case	ONE OF THE DE	rest in a borrower that is not :Btors.
l	GREECE			Check box if this address differs from the address on the	if you have all	ready filed a proof of claim with the
	•		1717	envelope sent to you by the court.	Bankruptcy Court	t or BMC, you do not need to file again.
		( ) 0//- 502/0 - 9622 other number by which creditor identifie		<del></del>		CE IS FOR COURT USE ONLY
		241		Check here replaced if this claim ame	a previously	y filed claim dated:
	ASIS FOR CLAIM		Retiree	benefits as defined in 11 U.S	3.C. § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death  Taxes	Wages,	salaries, and compensation	(fill out below)	Other claims against service: (not for loan balances)
N	Services performed Money loaned	Other (describe briefly)		r digits of your SS #:	- damed from	,
מע	Worldy loaned	Care (describe briany)	Unpaid	compensation for services p	engimed iloin.	(date) (date)
2. D.	ATE DEBT WAS INCUR	RED:	3. IF C	OURT JUDGMENT, DATE	OBTAINED:	(
		AIM. Check the appropriate box or boxes to	hat best descr	ribe your claim and state the am	ount of the claim at	the time case filed.
ì	e reverse side for important SECURED NONPRIORI	•		SECURED CLAIM		
		s no collaterat or lien securing your claim, or	b) your claim		your claim is secu	red by collateral (including
	exceeds the value of the pr entitled to priority.	operty securing it, or if c) none or only part of	fyour claim is	a right of setoff).  Brief description of	of collateral:	
UNS	ECURED PRIORITY CL	AIM		Real Estate		e
	entitled to priority.	an unsecured claim, all or part of which is		Value of Collaters	n: \$ 32	000.00
	Amount entitled to priority	\$		Amount of arrearage : secured claim, if any:	and other charges	at time case filed included in
	Specify the priority of the ci	laim: ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B	о г	Up to \$2,225° of deposits to		e or rental of property or
		ssions (up to \$10,000)*, earned within 180 da	-	services for personal, family,	or household use -	11 U.S.C. § 507(a)(7).
	before filing of the bankrup	tcy petition or cessation of the debtor's ier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to g		
	·	ee benefit plan - 11 U.S.C. § 507(a)(5).	Ĺ	Other - Specify applicable pa * Amounts are subject to adj	aragraph of 11 U.S. Sustment on 4/1/07 a	und every 3 years thereafter
				with respect to cases comme		e date of adjustment
	OTAL AMOUNT OF CLA AT TIME CASE FILED:	\liM \\$ (unsecured)	_	<b>OO.</b> OO \$ (secured)	( priority)	\$ 30,000-00 (Total)
	Check this box if claim incl	udes interest or other charges in addition to	o the principal	amount of the claim. Attach it	ternized statement	of all interest or additional charges.
6. C	REDITS: The amount of	of all payments on this claim has been o	redited and	deducted for the purpose of	making this proof	of claim.
7. 9	UPPORTING DOCUM	MENTS: <u>Attach copies of supporting do</u>	<i>ocument</i> s, s ty agreemen	uch as promissory notes, puts, and evidence of perfection	irchase orders, in on of lien. DO NO	voices, itemized statements of
	OCUMENTS. If the doc	cuments are not available, explain. If the Py: To receive an acknowledgment of	the filling of	s are voluminous, attach a s	ummary. ad self-addrassa	d envelope and copy of this
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-	he original of this com	pleted proof of claim form must be s	ent by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
1 4	CCEPTED) so that it is or each person or entit	actually received on or before 5:00 p y (including individuals, partnerships	pm, prevaili s, corporatio	ng Macific time, on Novem ons, joint ventures, trusts :	per 13, 2006 and	USE ONLY
١	overnmental units).	4 Commence of the second secon	·-	OR OVERNIGHT DELIVERY 1		
8	IY MAIL TO: BMC Group	dia con esta de la constanta d	BMC Gre	oup		
	lttn. USACIVI Cikimis pod P.O. Bov 911	प्रस्काति के प्रकार	1330 Eas	ACM Claims cases sump con- st Franklin Avenus		
<b>)</b> ——	I Segundo 1.A 90245 0	91.1 SIGN and print the name and title, if any, o		ndo, CA 90245		4
DAT	, ,	this claim and copy of power of at	torney, if any)	i.	•	
	1/21/06	Barrens	6.			1

. UNITED STATES SHAN KIND FOY SOURT CIAIN	PR	OF OF CLAMS	Page 1 of 2			
Name of Debtor:	Case Nu	mber:				
USA COMMERCIAI MOATGAGE Co	-10725 LBR					
NOTE: See Reverse for List of Debtors and Case Numbers.  This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of the case.		Check box if you are aware that anyone else has				
administrative expense may be filed pursuant to 11 U.S.C. § 503.	o. u	filed a proof of claim relating to your claim. Attach copy of				
Name of Creditor and Address:  PANAGIOTIS DOVANIDIS +  DIMITAA DOVANIDOU TTWAC		statement giving particulars.				
DIMITRA DOVANIDOU TIMA	خدو	Check box if you have never received any notices				
I w MILIAMI (1.		from the bankruptcy court or BMC Group in this case.	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT			
GLY FADA ATHENS, 16675		Check box if this address	ONE OF THE DESTORS.			
GREECE		differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again			
Creditor Telephone Number ( ) 01/-30 20 -96229		court.	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies	debtor:	Check here replac	a previously filed ciaim dated.			
4041		if this claim amen	• • •			
1. BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U.S.	C. § 1114(a) Unremitted principal			
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (	fill out below) Other claims against servicer (not for loan balances)			
Services performed Taxes		digits of your SS#:				
Money loaned	····	compensation for services pe	(date) (date)			
2. DATE DEBT WAS INCURRED: 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		OURT JUDGMENT, DATE O	الكتب بالمحمد والشناء والمساح كالمتحدد والمتعدد والمتعدد والمتعدد والمتعدد والمتعدد والمتعدد والمتعدد والمتعدد			
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UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM  Chack this box if we	our claim is secured by collateral (including			
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of you		a right of setoff).	ar out it is sooned by contain a (massing			
entitled to priority.		Brief description of	collateral:			
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle Dther			
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral:	s 30,000.00			
Amount entitled to priority \$			nd other charges at time case filed included in			
Specify the priority of the claim:		secured claim, if any:				
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)			ard purchase, lease, or rental of property or or household use -11 U.S.C. § 507(a)(7).			
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's			vernmental units - 11 U.S.C § 507(a)(8).			
business, whichever is earlier - 11 U.S.C. § 507(8)(4).			agraph of 11 U.S.C. § 507(a) ().			
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases comment	streent on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment			
5. TOTAL AMOUNT OF CLAIM \$ \$	300		\$ 50,000.00			
AT TIME CASE FILED: (unsecured)	. (	<i>00,00</i> \$ secured)	( priority) (Total)			
Check this box if claim includes interest or other charges in addition to the						
6. CREDITS: The amount of all payments on this claim has been cred 7. SUPPORTING DOCUMENTS: Attack copies of supporting docu-						
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.						
DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.						
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or	, prevailir	g Pacific time, on Novemb	er 13, 2006 USE ONLY			
governmental units).  BY MAIL TO:	BY HAND	OR OVERNIGHT DELIVERY TO	:			
BMC Group Attn: USACM Claims Dookening Center	BMC Gro Attn. USA	up ICM Claims (A.c. sting Gence				
P. O. Box 911	1330 Eas	t Franklin Avenue				
Et Segundo CA 90245 9911  DATE  SIGN and print the name and title, if any, of the		do, CA 90245 rother person authorized to file				
this claim (attach copy of power of attorn						
Dovarion						
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonme.	nt for up to	5 years, or both, 18 U.S.C. 66	152 AND 3571			